## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                                   |                                   |                             |             |                 |             |
|---|-----------------------------------|-----------------------------|-------------|-----------------|-------------|
| 1 Date of Request: 6/27/05 2 Serial/Patent # 10/5/925/          |                                   |                             |             |                 |             |
| 3 Please refund the following fee(s):                           |                                   | 4 PAP<br>NUM                | PER<br>IBER | 5 DATE<br>FILED | 6 AMOUNT    |
| X   | Filing                            |                             |             |                 | \$ 100.00   |
|   | Amendment                         |                             |             |                 | \$          |
|   | Extension of Time                 |                             |             |                 | \$          |
|   | Notice of Appeal/Appeal           |                             |             |                 | \$          |
|   | Petition                          |                             |             |                 | \$          |
|   | Issue                             |                             |             |                 | \$          |
|   | Cert of Correction/Terminal Disc. |                             |             |                 | \$          |
|   | Maintenance                       |                             |             |                 | \$          |
|   | Assignment                        |                             |             |                 | \$          |
|   | Other                             |                             |             |                 | \$          |
|   |                                   | 7 TOTAL AMOUNT<br>OF REFUND |             |                 | \$          |
|   |                                   | 8 TO BE REFUNDED BY:        |             |                 |             |
| 10 REASON:  |                                   | Treasury Check              |             |                 |             |
| V   | Overpayment                       |                             | C           | redit Dep       | osit A/C #: |
|   | Duplicate Payment                 |                             | 9           |                 |             |
|   | No Fee Due (Explanation):         | <u> </u>                    |             |                 |             |
| Refunded to credit cara   |                                   |                             |             |                 |             |
|   |                                   |                             |             |                 |             |
| ·   |                                   |                             |             |                 |             |
| 11 REFUND REQUESTED BY:   |                                   |                             |             |                 |             |
| TYPED/PRINTED NAME: Dagell Cottman TITLE: Paralegal             |                                   |                             |             |                 |             |
| SIGNATURE: (   Durelle (   Detail   PHONE: 703-304-914-0 x 203) |                                   |                             |             |                 |             |
| OFFICE: ************************************                    |                                   |                             |             |                 |             |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:                       |                                   |                             |             |                 |             |
| APPROVED: DATE:   |                                   |                             |             |                 |             |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B